Public Information Meeting:

Hospital Downsizing (West)

and

Community Services Expansion

Why Do This?

- 1964, Mental Health Center Act
  - Federal money given to support establishing Community Mental Health Centers.

Why Do This?

- 1989, Mental Health Study Commission Comprehensive Plan for Persons with Severe & Persistent Mental Illness stressed importance of local care.
  - Philosophy: The community is the best place to provide care for the majority of individuals with severe & persistent mental illness. Programming offered in the most appropriate setting, close to home, provides structure & stability to persons with special needs.

Why Do This?

- 1998, Consultant (MGT) Recommendations
  - Develop strategy to close geriatric long-term & nursing facilities & use community resources.
  - Develop strategy to close youth units in the hospitals & use community resources.
  - Treat substance abuse patients at locations other that psychiatric hosptials.
  - Reduce the number of beds by 949.

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Why Do This?

- 1999, Olmstead Case
  - U.S. Supreme Court decision.
  - Inappropriate institutionalization perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participation in community life.
  - Such confinement severely diminishes the everyday life activities of individuals, including family relations, social controls, etc.

Olmstead (continued)

- States are required to provide community-based treatment for persons with mental disabilities when the state's treatment professionals determine that such placement is appropriate, the affected person does not oppose such treatment and the placement can be reasonably accommodated, taking into account the resources available to the state.

Why Do This?

- 2000, Consultant (PCG) Recommendations
  - Reduce state hospital beds by 667.
  - Direct savings from downsizing to community.
  - Bridge funding will be needed to build community capacity.

Why Do This?

- 2001, Consultant (MGT) Recommendations
  - Move children out of state hospitals.
  - Discontinue serving elderly long-term.
  - Treat substance abuse clients in Alcohol and Drug Abuse Treatment Centers (ADATCs)

Why Do This?

- 2001, Mental Health Reform
  - Guiding Principle:

    Services should be provided in the most integrated community setting suitable to the needs and preferences of the individual and planned in partnership with the consumer.

Why Do This?

- 2001, Mental Health Reform (continued)
  - NC Statutes (GS 122-C (2) amended by adding:

    It is further the obligation of state and local government to provide community-based services when such services are appropriate, unopposed by the affected individuals, and can be reasonably accommodated within available resources, taking into account the needs of other person for mh/dd/sa services.

Determining Bed Capacity in State Hospitals

- Role of state psychiatric hospitals in public mental health system.
- Recommendations by consultants.
- Community-based service delivery system.
- Transfer of funds to expand community services.

Role of State Hospitals

- Subcommittee of DHHS Secretary's State Plan Advisory Committee, June 2001.
- Ultimate role should be to provide long-term rehabilitative services people with severe and persistent mental illness.
- Children should be served in local or regional programs, not state hospitals.

State Hospital Target Populations

- Adults with acute needs.
- Adults with long-term needs.
- Children with acute needs.
- Older adults with acute needs.
- Adults with mental illness/substance abuse.

Special Populations

- Forensic patients.
- Research protocol patients.
- Deaf consumers.

Services to be Stopped

- Skilled and intermediate nursing.
- Geriatric long-term.
- Services for children under 12.
- Residential programs for adolescents (PRTF).
- Services to people with TB

Services to be Reduced

- Adult long-term.
- Adolescent admissions.
- Adult admissions.
- Medical.

NC Special Care Center (Wilson)

- Target populations
  - ICF level of care for people with severe mental illness.
  - SNF level of care for people with severe mental illness.

FY 01 Average Daily Census

Service	Broughton	Cherry	Dix	Umstead	Total
Adult Admissions	159	90	78	118	445
Adult Long term	134	198	108	157	597
Geriatric	80	16	51	52	199
Medical Services	19	7	13	27	66
ICF/SNF	13	115		25	153
Child		10		18	28
Adolescent	31	16	35	35	117
TB Unit		2			2
Deaf Services Unit			10		10
Clinical Research			7		7
Pre-Trial Evaluation			23		23
Forensic Treatment			70		70
Total Census	436	454	395	432	1,717

Downsizing Schedule - All Hospitals

Fiscal Year Closed	Broughton	Cherry	Dix	Umstead	Total Beds Closed
2002	33	17	39	25	114
2003	45	47	39	54	185
2004	40	78	39	50	207
2005	36	47	21	65	169
2006	54	60	20	45	179
Totals	208	249	158	239	854

Downsizing Schedule - Broughton

Fiscal Year Closed	Bed Type	Number of Beds
2002	Nursing Facility	13
	Geropsychiatry	20
2003	Adult Long Term	25
	Geropsychiatry	20
2004	Geropsychiatry	20
	Adult Long Term	20
2005	Adult Admissions	18
	PRTF	9
	Medical	9
2006	Adult Admissions	44
	Adolescent	10
Total		208

Target Bed Capacity FY 06

Service	Broughton	Cherry	Dix	Umstead	Total Hospitals
Adult Admissions	97	72	60	84	313
Adult Long term	89	98	45	60	292
Geriatric Admissions	20	20	20	20	80
Medical Services	10	10	10	10	40
Adolescent Admissions	12	12	12	19	55
Deaf Services Unit			10		10
Clinical Research			10		10
Pre-Trial Evaluation			34		34
Forensic Treatment	50		50		100
Total Capacity	278	212	251	193	934

Savings for Transfer to Communities

- Major outcome of downsizing will be the generation of savings to expand community services.
- In order to downsize, must expand community services to accommodate needs of discharging patients.
- Must close entire wards to generate savings for transfer to communities.

Funds for Community Services Expansion Statewide

Fiscal Year for Funds Transfer	Amount
2003	$ 2,793,204
2004	$ 16,242,750
2005	$ 24,944,246
2006	$ 49,030,312
2007	$ 95,962,515

Downsizing Implementation

- Cooperative effort between hospitals and area programs.
- Identify beds to close.
- Identify systems-level community services to build.
- Allocate bridge/start-up funds.
- Implement community services.
- ID specific patients to transfer to community.

Downsizing Implementation

- ID patient-specific services through discharge plans.
- Discharge patients to communities.
- Periodic site visits to ensure continuity and access to services.
- Transfer hospital funding to continue community services.

How Information has been Used to Plan Expansion of Community Services to be Developed this Year

- The state and local programs have worked together since last March to plan for expansion of services.
- Local plans vary based on types of units that will be closed this year and local service expansion needs.

Planning for Expansion of Community Services

- Taken into account
  - The complete range of needs that will have to be met for individuals to be served appropriately when they return to their communities.
  - The information about needs of adults in state hospitals documented as part of the *Olmstead* services planning process.

People to be Served in Communities

- Western Region

Year	Blueridge	Catawba	Crossroads	Foothills	Mecklenburg	New River
2002-2003	0	0	0	0	0	0
2003-2004	26	6	15	21	28	12
2004-2005	48	12	29	39	53	22
2005-2006	100	24	60	80	109	46
2006-2007	200	49	119	160	219	91

Year	Pathways	Piedmont	Ruth-Polk	Smoky Mtn	Trend	Region
2002-2003	0	0	0	0	0	0
2003-2004	24	23	6	13	8	182
2004-2005	45	44	12	25	15	344
2005-2006	93	90	25	51	31	709
2006-2007	186	18	50	103	61	1,256

Funding

- Funds being allocated to local programs that have approved plans for expansion of community capacity.
  - Start-up funding from Mental Health Trust Fund.
  - Money used for state hospital services/units to be closed this year will be allocated to local programs for ongoing support of the expanded community capacity.

FY 07 Community Service Expansion

- Western Region

Blueridge	$ 4,500,330	Pathways	$ 4,234,777
Catawba	$ 1,227,124	Piedmont	$ 4,187,250
Crossroads	$ 2,747,988	Ruth-Polk	$ 1,088,437
Foothills	$ 3,512,416	Smoky Mtn	$ 2,256,295
Mecklenburg	$ 4,970,208	Trend	$ 1,348,527
New River	$ 2,164,140	Region	$ 32,237,492

No Cart Before the Horse

- Services will be in place before units are closed.
  - Planning complete and funding available.
  - Appropriate discharge plan and services in place.
  - Person returns to the community.

Person-Centered Discharge Plans

- Will be developed for each person returning to his/her community.
- Will be approved by the state prior to discharge.

Monitoring

- State will monitor people's wellbeing after return to their communities.
  - Review discharge plans before discharge.
  - Monthly visits to area programs by Division staff.
  - Consumer outcomes reviewed during monthly visits.
  - Summary of services/supports used by each person submitted monthly.